

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029613

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 346 Primary Registration District No. 3060 Registrar's No. 331

VS 300
Rev. 4/59

0945

0945

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4 0

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7 2

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9260X

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 13 1963

PLACE OF DEATH

a. COUNTY

ST. FRANCOIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FARMINGTON

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HOME (716 W. Liberty)

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST. FRANCOIS

c. CITY OR TOWN FARMINGTON

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
716 W. LIBERTY

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
JOHN FRANCE

4. DATE OF DEATH
Month Day Year
AUG 3rd 1963

5. SEX
MALE

6. COLOR OR RACE
W

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5/4/1880

9. AGE (last birthday)
83

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Hosp. Attendant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Aston Underline England

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Richard France

13b. MOTHER'S MAIDEN NAME

Elizabeth Norris

14. NAME OF HUSBAND OR WIFE

Annie France

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Annie France Farmington, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH
8 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) GENERALIZED ARTERIOSCLEROSIS

DUE TO (c) Diabetes Mellitus

9 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-4-54 to 8-3-63 and last saw him alive on 8-2-63
Death occurred at 11 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
C.E. Carleton, M.D.

22b. ADDRESS
Farmington, Mo.

22c. DATE SIGNED
8-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
8/6/1963

23c. NAME OF CEMETERY OR CREMATORY
Park View

23d. LOCATION (City, town, or county) (State)
near Farmington Mo.

24. FUNERAL DIRECTOR ADDRESS
C.H. Cozean Farmington, Mo.

25. DATE RECD. BY LOCAL REG.
Aug 6, 1963

26. REGISTRAR'S SIGNATURE
Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

7-20851-8012

SEP 13 1963

SEP 13 1963

6 9 0 0

0 1 0 0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. H. Cogan

Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.